

**APPENDIX A**  
**EMPLOYING DEPARTMENTS AND AGENCIES WITH**  
**CORRESPONDING LOCAL 526M CHAPTERS**

As of October 1, 2013

**DEPARTMENT OF CORRECTIONS**

**Correctional Facilities Administration**

<u>Agency</u>	<u>Chapter</u>
Alger Correctional Facility	Alger
Baraga Correctional Facility	Baraga
Bellamy Creek Correctional Facility	Bellamy Creek
Earnest G. Brooks Correctional Facility	Brooks
Carson City	Carson City
Central Michigan Correctional Facility	Central Michigan
Chippewa Correctional Facility	Chippewa
Cooper Street Correctional Facility	Cooper Street
G. Robert Cotton Correctional Facility	Cotton
Charles E. Egeler Reception and Guidance Center	Egeler
Detroit Detention Center	DDC
Detroit Reentry Center	DRC
Gus Harrison Correctional Facility	Adrian
Richard A. Handlon Correctional Facility	MTU
Ionia Correctional Facility	Ionia
Kinross Correctional Facility	Kinross
Lakeland Correctional Facility	Lakeland
Macomb Correctional Facility	Macomb
Marquette Branch Prison	Earl DeMarse
Michigan Reformatory	Michigan Reformatory
Muskegon Correctional Facility	Muskegon
Newberry Correctional Facility	Newberry
Oaks Correctional Facility	Oaks
Ojibway Correctional Facility	Ojibway
Parnall Correctional Facility	Parnall
Pugsley Correctional Facility	Pugsley

## Appendix A

Saginaw Correctional Facility	Saginaw
St. Louis Correctional Facility	St Louis
Thumb Correctional Facility	Thumb
West Shoreline Correctional Facility	West Shoreline
Woodland Center Correctional Facility	Woodland
Women's Huron Valley	Women's      Huron Valley

### Special Alternative Incarceration (SAI) Program

SAI, Chelsea

SAI

Absconder Recovery Unit

As assigned by  
MCO Central Office

### Field Operations Administration (FOA)

Lake County Residential Reentry Program  
Metropolitan Region  
Outstate Region

FOA  
FOA  
FOA

### DEPARTMENT OF COMMUNITY HEALTH

Center for Forensic Psychiatry, Ann Arbor

Forensic Center

## APPENDIX B

### ARTICLE 27— SECURITY UNIT SALARY SCHEDULE - October 1, 2013

Pay Ranges / Job Codes		Base Minimum	End of 6 Mths	End of 1 Year	End of 18 Mths	End of 2 Years	End of 30 Mths	End of 3 Years	End of 42 Mths	End of 4 Years	End of 54 Mths	End of 5 Years	End of 66 Mths	End of 6 Years
CO 8	Annual	\$33,408.00	\$34,410.24	\$35,391.60	\$39,901.68	\$40,507.20	\$41,906.16	\$42,616.08	\$43,827.12		\$46,499.76		\$49,026.24	
CMO 8	Biweekly	\$1,280.00	\$1,318.40	\$1,356.00	\$1,528.80	\$1,552.00	\$1,605.60	\$1,632.80	\$1,679.20		\$1,781.60		\$1,878.40	
FSA 8	Hourly	\$16.00	\$16.48	\$16.95	\$19.11	\$19.40	\$20.07	\$20.41	\$20.99		\$22.27		\$23.48	
CO E9	Annual	\$34,702.56	\$35,663.04	\$36,602.64	\$41,238.00	\$41,906.16	\$43,326.00	\$44,474.40	\$45,727.20		\$47,794.32		\$51,176.88	
CMO E9	Biweekly	\$1,329.60	\$1,366.40	\$1,402.40	\$1,580.00	\$1,605.60	\$1,660.00	\$1,704.00	\$1,752.00		\$1,831.20		\$1,960.80	
FSA 9	Hourly	\$16.62	\$17.08	\$17.53	\$19.75	\$20.07	\$20.75	\$21.30	\$21.90		\$22.89		\$24.51	
SAI OFF 9														
CMUO E10	Annual	\$35,955.36	\$36,936.72	\$37,918.08	\$42,616.08		\$44,829.36		\$46,854.72		\$50,049.36		\$54,308.88	
CTO E10	Biweekly	\$1,377.60	\$1,415.20	\$1,452.80	\$1,632.80		\$1,717.60		\$1,795.20		\$1,917.60		\$2,080.80	
FSA E10	Hourly	\$17.22	\$17.69	\$18.16	\$20.41		\$21.47		\$22.44		\$23.97		\$26.01	
RUO 10 SAI OFF E10														
CRR E10	Annual	\$31,549.68		\$37,229.04		\$42,929.28		\$45,727.20		\$48,358.08		\$52,179.12		\$57,002.40
CSR E10	Biweekly	\$1,208.80		\$1,426.40		\$1,644.80		\$1,752.00		\$1,852.80		\$1,999.20		\$2,184.00
	Hourly	\$15.11		\$17.83		\$20.56		\$21.90		\$23.16		\$24.99		\$27.30

## APPENDIX C-1

### ARTICLE 27 - SECURITY UNIT SALARY SCHEDULE - OCTOBER 1, 2014

Class / Level		Base Minimum	End of 6 Mths	End of 1 Year	End of 18 Mths	End of 2 Years	End of 30 Mths	End of 3 Years	End of 42 Mths	End of 4 Years	End of 54 Mths	End of 5 Years	End of 66 Mths	End of 6 Years
CO 8	Annual	\$34,076.16	\$35,099.28	\$36,101.52	\$40,695.12	\$41,321.52	\$42,741.36	\$43,472.16	\$44,704.08		\$47,439.36		\$50,007.60	
CMO 8	Biweekly	\$1,305.60	\$1,344.80	\$1,383.20	\$1,559.20	\$1,583.20	\$1,637.60	\$1,665.60	\$1,712.80		\$1,817.60		\$1,916.00	
FSA 8	Hourly	\$16.32	\$16.81	\$17.29	\$19.49	\$19.79	\$20.47	\$20.82	\$21.41		\$22.72		\$23.95	
CO E9	Annual	\$35,391.60	\$36,372.96	\$37,333.44	\$42,073.20	\$42,741.36	\$44,202.96	\$45,372.24	\$46,645.92		\$48,754.80		\$52,200.00	
CMO E9	Biweekly	\$1,356.00	\$1,393.60	\$1,430.40	\$1,612.00	\$1,637.60	\$1,693.60	\$1,738.40	\$1,787.20		\$1,868.00		\$2,000.00	
FSA 9	Hourly	\$16.95	\$17.42	\$17.88	\$20.15	\$20.47	\$21.17	\$21.73	\$22.34		\$23.35		\$25.00	
SAI OFF 9														
CMUO E10	Annual	\$36,665.28	\$37,667.52	\$38,669.76	\$43,472.16		\$45,727.20		\$47,794.32		\$51,051.60		\$55,394.64	
CTO E10	Biweekly	\$1,404.80	\$1,443.20	\$1,481.60	\$1,665.60		\$1,752.00		\$1,831.20		\$1,956.00		\$2,122.40	
FSA E10	Hourly	\$17.56	\$18.04	\$18.52	\$20.82		\$21.90		\$22.89		\$24.45		\$26.53	
RUO E10														
SAI OFF E10														
CRR E10	Annual	\$32,176.08		\$37,980.72		\$43,785.36		\$46,645.92		\$49,318.56		\$53,223.12		\$58,150.80
CSR E10	Biweekly	\$1,232.80		\$1,455.20		\$1,677.60		\$1,787.20		\$1,889.60		\$2,039.20		\$2,228.00
	Hourly	\$15.41		\$18.19		\$20.97		\$22.34		\$23.62		\$25.49		\$27.85

		Minimum	Maximum
CO – NON CAREER	Hourly	\$16.95	\$20.00

## APPENDIX C-2

### ARTICLE 27 - SECURITY UNIT SALARY SCHEDULE - OCTOBER 1, 2015

Class / Level		Base Minimum	End of 6 Mths	End of 1 Year	End of 18 Mths	End of 2 Years	End of 30 Mths	End of 3 Years	End of 42 Mths	End of 4 Years	End of 54 Mths	End of 5 Years	End of 66 Mths	End of 6 Years
CO 8	Annual	\$34,765.20	\$35,809.20	\$36,832.32	\$41,509.44	\$42,156.72	\$43,597.44	\$44,349.12	\$45,601.92		\$48,378.96		\$51,009.84	
CMO 8	Biweekly	\$1,332.00	\$1,372.00	\$1,411.20	\$1,590.40	\$1,615.20	\$1,670.40	\$1,699.20	\$1,747.20		\$1,853.60		\$1,954.40	
FSA 8	Hourly	\$16.65	\$17.15	\$17.64	\$19.88	\$20.19	\$20.88	\$21.24	\$21.84		\$23.17		\$24.43	
CO E9	Annual	\$36,101.52	\$37,103.76	\$38,085.12	\$42,908.40	\$43,597.44	\$45,079.92	\$46,270.08	\$47,585.52		\$49,736.16		\$53,244.00	
CMO E9	Biweekly	\$1,383.20	\$1,421.60	\$1,459.20	\$1,644.00	\$1,670.40	\$1,727.20	\$1,772.80	\$1,823.20		\$1,905.60		\$2,040.00	
FSA 9	Hourly	\$17.29	\$17.77	\$18.24	\$20.55	\$20.88	\$21.59	\$22.16	\$22.79		\$23.82		\$25.50	
SAI OFF 9														
CMUO E10	Annual	\$37,396.08	\$38,419.20	\$39,442.32	\$44,349.12		\$46,645.92		\$48,754.80		\$52,074.72		\$56,501.28	
CTO E10	Biweekly	\$1,432.80	\$1,472.00	\$1,511.20	\$1,699.20		\$1,787.20		\$1,868.00		\$1,995.20		\$2,164.80	
FSA E10	Hourly	\$17.91	\$18.40	\$18.89	\$21.24		\$22.34		\$23.35		\$24.94		\$27.06	
RUO E10														
SAI OFF E10														
CRR E10	Annual	\$32,823.36		\$38,732.40		\$44,662.32		\$47,585.52		\$50,299.92		\$54,288.00		\$59,320.08
CSR E10	Biweekly	\$1,257.60		\$1,484.00		\$1,711.20		\$1,823.20		\$1,927.20		\$2,080.00		\$2,272.80
	Hourly	\$15.72		\$18.55		\$21.39		\$22.79		\$24.09		\$26.00		\$28.41

		Minimum	Maximum
CO - NON CAREER	Hourly	\$17.29	\$20.40

## APPENDIX D

### ARTICLE 15, PART B—DEPARTMENT OF CORRECTIONS BID ASSIGNMENTS

NOTE: The parties agree to initiate all bid assignments negotiated at the local level. If a dispute arises and cannot be settled at the local level, MCO and DOC will meet and attempt to resolve any differences. In addition, changes in bid assignments that may subsequently be negotiated at the local level will be forwarded to MCO and DOC.

Some bid positions may be identified as having specific qualifications or requirements per policy directive or local agreement, which the individual must possess when submitting a bid for the assignment and must maintain to continue holding the assignment.

The bid jobs listed below are for one position unless otherwise indicated.

#### BID JOBS – ALGER MAXIMUM CORRECTIONAL FACILITY (LMF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity</u>
Post 5/ECO	Electronic Control Officer	Cedar Unit	Shift
ECO/Post 5	Control Center Officer	Maple Unit	None
Yard One	Yard One	Pine Unit	
Rover One	Rover One	Spruce Unit	
School Officer	School Officer	Yard Officer	
Information Desk Officer	Information Desk Officer		
Cedar Unit	Cedar Unit		
Maple Unit	Maple Unit		
Pine Unit	Pine Unit		
Spruce Unit	Spruce Unit		

## **BID JOBS – BARAGA CORRECTIONAL FACILITY (AMF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Yard	Unit 2	Unit 8 West	School Officer
Unit 5	Unit 5	Rover (2)	
Unit 6	Unit 6	Unit 4	
Unit 8 (2)	Unit 7	Unit 5	
Activity Rover (3)	Activity Rover (3)		
Information Desk	Yard		
	Information Desk		

## **BID JOBS – BELLAMY CREEK CORRECTIONAL FACILITY (IBC)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Housing Unit 1	Housing Unit 1	Housing Unit 1
Housing Unit 5	Housing Unit 2	Housing Unit 2
Housing Unit 6	Housing Unit 3	Housing Unit 8
Housing Unit 8	Housing Unit 4	Yard Officer
Housing Unit 3 -Yard	Housing Unit 7	Yard Rover
Housing 6 - Yard	Housing Unit 8	Dorm – B-Unit
Housing Unit 7 - Yard	Housing Unit 3 -Yard	
School Officer	Housing Unit 4 -Yard	
Health Services*	Housing Unit 5 -Yard	
Property*	Housing Unit 7 -Yard	
Sallyport*	School Officer	
MSI	Tower B	
Court Officer	Property	

\*These positions on the 6-2 shift will have work hours that fit the activity for the positions and include prime RDOs.

## **BID JOBS – BROOKS CORRECTIONAL FACILITY (LRF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Food Service	Food Service	Fremont Unit
Fremont Unit	Fremont Unit	Bubble
Health Services	Front Desk	Yard (2)
Property Room	Health Services	
Sallyport	School	
Yard (2)	Yard (2)	
Armed Information/Desk Officer		

## BID JOBS – CARSON CITY CORRECTIONAL FACILITY (DRF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Segregation (2)	Segregation (2)	Segregation	Infirmary
400 Unit (2)	400 Unit	400 Unit	
A-Unit	A Unit (2)	A-Unit	
G-Unit	500 Unit	500 Unit	
Close Gate/Tower 2	Close Gate/Tower 2	1200 Unit	
East School	East School	Yard Rover East (2)	
Yard Rover West (2)	Yard Rover West	Yard Rover West	
East Weight Pit	Yard Rover East (2)		
Gym	East Food Service		
	West Food Service		

## BID JOBS – CENTRAL MICHIGAN CORRECTIONAL FACILITY (STF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Yard (4)	Yard (5)	Yard (5)
Gym	Gym	J-Unit
Food Service(2)	School	Q-Unit
K-Unit	K-Unit (2)	G-Unit
Q-Unit	R-Unit	H-Unit
B-Unit	C-Unit	
G-Unit	Food Service	

## BID JOBS – CHARLES EGELER CORRECTIONAL FACILITY (RGC)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
1 Block (3)	Control Center	Allegiance Secure Unit	DWHC - Clinics
2 Block	Yard		
Control Center	DWHC (4)		
DWHC	Allegiance Secure Unit (2)		
Allegiance Secure Unit (3)			



## BID JOBS – CHIPPEWA CORRECTIONAL FACILITY (URF)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Steamboat (2)*	Steamboat (2)*	Steamboat*	Sallyport
Quarry*	Quarry*	Quarry*	
Round (2)	Round (2)	Round	
Yard 1	Yard 1	Pike	
Yard 4	Yard 4	Yard	
Food Service East	Food Service West	Rover 1	
Food Service West	Programs Building East	Rover 2	
Programs Building East	Programs Building West	A-Unit	
Programs Building West	A Unit	B-Unit	
A Unit	G-Unit		
G Unit	Rover 3		
	Rover 4		

\*May rotate employee from assignment up to two pay periods, twice a year on the same shift.

## BID JOBS – COOPER STREET CORRECTIONAL FACILITY (JCS)

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
A Unit	B Unit	B Unit
B Unit	F Unit	D Unit
D Unit	G Unit	G Unit
F Unit	I Unit	I Unit
G Unit	J Unit	Yard 20
H Unit	K Unit	Yard 21
I Unit	School Officer	
K Unit	Yard 21	
Sallyport		

## **BID JOBS – G. ROBERT COTTON CORRECTIONAL FACILITY (JCF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Temporary F Unit	Temporary F Unit	Temporary F Unit
Cotton AB Unit	Cotton AB Unit	Cotton AB Unit
Cotton CD Unit	Cotton CD Unit	Cotton CD Unit
Cotton EF Unit	Cotton EF Unit	Cotton EF Unit
Cotton GH Unit	Cotton GH Unit	Cotton GH Unit
Cotton IJ Unit (2)	Cotton IJ Unit (2)	Cotton IJ Unit
Yard (2)	Yard (2)	Yard (2)
L Unit (2)	L Unit	
School	School	
Infirmary		

## **BID JOBS – DETROIT REENTRY CENTER (DRC)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
200 Building	200 Building	200 Building	Infirmary
800 Bldg./	800 Bldg./	800 Bldg./	
Segregation (2)	Segregation (2)	Segregation (2)	
200 Bldg./Dialysis	200 Bldg./Dialysis	Rover/Activities	
School/Gym	School/Gym	Yard Control	
Rover/Activities	Yard Control 10		

## **BID JOBS – GUS HARRISON CORRECTIONAL FACILITY (ARF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Housing Unit 3	Housing Unit 3	Housing Unit 3	Property
Housing Unit 4	Housing Unit 4	Housing Unit 4	Room
Housing Unit 5	Housing Unit 5	Housing Unit 5	
Housing Unit 4 Yard	Housing Unit 4 Yard	North Yard Rover	
North Yard Rover	North Yard Rover	South Yard Control (2)	
South Yard (2)	South Yard (2)	North Yard Control (2)	
North Infirmary	North Infirmary		
South Infirmary	South Infirmary		
North School	North School		
South School	South School		
South Food Service	South Food Service		
South Info Desk	South Info Desk		
Chapel	Chapel		
Housing Unit 5 Yard	Housing Unit 5 Yard		

## **BID JOBS – RICHARD A. HANDLON MICHIGAN TRAINING UNIT (MTU)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Bubble	Bubble	B Unit
E Unit	A Unit	D Unit
F Unit	B Unit	E Unit
Inside Yard (2)	E Unit	F Unit
	F Unit	Inside Yard
	Gym	
	Inside Yard (2)	

## **BID JOBS – IONIA CORRECTIONAL FACILITY (ICF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity</u>
Unit 4	Unit 3	Unit 3	Shift
Unit 5	Unit 5	Unit 4	Medical
Unit 6	Unit 6	Yard 78	
Unit 7	Unit 7	Yard 85	
Yard 78	Yard 78	Yard 86	
Yard 83	Yard 82		
Yard 85	Yard 83		
Yard 89	Yard 85		
Front Desk	Front Desk		

## **BID JOBS – KINROSS CORRECTIONAL FACILITY (KCF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Segregation (2)	Segregation (2)	Segregation (2)
A Unit (3)	A-2	A-2
C-1	A-3	A-3
Kitchen	A-Unit 2/3 Rover	B-1
Annex	C-1	C-1
Rover 5	Kitchen	D-2
Sallyport (M-F)	Annex	Rover 2
Health Services	Rover 1	Rover 8
Property	Gym Rover	
Vocational School		

## **BID JOBS – LAKELAND CORRECTIONAL FACILITY (LCF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Bldg A 1/4	Bldg A 1/4	Bldg A 1/4
Bldg A 2/3	Bldg A 2/3	Bldg A 2/3
Control Center	Yard Unit #14	Control Center
Segregation	Yard Unit #18	Segregation
G Bldg School (M-F)	Control Center	Yard Unit #14
D Bldg School (M-F)	Segregation	Yard Unit #18
Property Room (M-F)	G Bldg School (M-F)	
Sallyport (M-F)		

## **BID JOBS – MACOMB CORRECTIONAL FACILITY (MRF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Information Desk	Information Desk	Segregation
Health Care	Health Care	Yard (2)
Yard (2)	Yard (2)	Housing Unit 6 (2)
Food Service	Food Service	
School	School	
Gym	Gym	
Housing Unit 6 (2)	Housing Unit 6 (2)	

## **BID JOBS – MARQUETTE BRANCH PRISON (MBP)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Trusty Division (4)	Trusty Division (5)	Trusty Division (5)	Check Station
Brooks Center	Brooks Center	Brooks Center	Big Gate
Quarantine	Yard (2)		Trusty Property
Front Door	TD Rover		
Yard			
TD Rover			

## **BID JOBS – MICHIGAN REFORMATORY (RMI)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Infirmary Officer	Infirmary Officer	G Block Officer	Sallyport Officer
Control Center Clerk	Control Center Clerk	I-1 Officer	
Kitchen Officer	Kitchen Officer	J-5 Officer	
Yard Officer 1	Yard Officer 1	Yard Officer	
Yard Officer 2	Yard Officer 2	Rover Officer	
A Ward	I-5 Inside Officer		
Rover Officer 1	Rover Officer 1		
Annex Officer	J Rover Officer		
School Officer	G Block Officer		
Front Desk	Property Officer		

## **BID JOBS – MUSKEGON CORRECTIONAL FACILITY (MCF)**

<u>6 AM-6 PM</u>	<u>6 PM-6 AM</u>	<u>2 PM-10 PM</u>
School	Segregation	Rover
LTA	Rover (Back 40)	
Segregation	Front Yard	
Food Service	Bubble	
Health Services		
Rover (Back 40)		
Front Yard		

## **BID JOBS – NEWBERRY CORRECTIONAL FACILITY (NCF)**

<u>6 AM-6 PM</u>	<u>6 PM-6 AM</u>	<u>2 PM-10 PM</u>
Rover 1	Rover 1	Rover C (School)
Rover 7	Rover 2	
Rover 8	ECO/Rover 3	
School	Rover 3/ECO	
Information Desk		

## **BID JOBS – OAKS CORRECTIONAL FACILITY (ECF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity</u>
Housing Unit 1	Housing Unit 1	Housing Unit 1	Property Room
Housing Unit 2	Rover 11	Housing Unit 2	
Housing Unit 6	Rover 12/A Tower (2)	Housing Unit 3	
Housing Unit 7	Rover 13	Housing Unit 5	
Rover 11	Rover 14/ C-Tower (2)	Rover 15	
Rover 12	Rover 15		
A Tower/Rover 16	300 Building		
300 Building	Health Care*		
Health Care*			
*Prime RDOs			
Unit 14/C-Tower			

## **BID JOBS – OJIBWAY CORRECTIONAL FACILITY (OCF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Gym/Rover	Gym/Rover	Bubble/Yard 1
Yard 1	Bubble/Gate	Yard 2
Yard 2	Yard 1	B Unit
Rover/Bubble	Rover 1	C Unit
School 1	School	
Rover 3	Visiting Room/Rover	

## **BID JOBS – PARNALL CORRECTIONAL FACILITY (SMT)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
9 Block (2)	9 Block (2)	9 Block
10 Block (2)	10 Block (2)	10 Block
16 Block (2)	16 Block (2)	16 Block
Control Center	Control Center	Yard
Yard	Yard	

## **BID JOBS – PUGSLEY CORRECTIONAL FACILITY (MPF)**

### 6 AM-6PM

Housing Unit 1B  
Housing Unit 4C/D  
Yard (2)  
Programs

### 6 PM-6AM

Housing Unit 1B  
Housing Unit 4C/D  
Yard (2)

### 2 PM-10 PM

Rover

## **BID JOBS – SAGINAW CORRECTIONAL FACILITY (SRF)**

### First Shift

Unit 400  
Unit 500  
Unit 1200  
Segregation  
School  
Yard 32  
Tower 2/Yard 33  
Yard 33/Tower 2  
Yard 38  
Sallyport

### Second Shift

Unit 400  
Unit 700  
Unit 1200  
Segregation  
School  
Yard 32  
Yard 37  
Healthcare/Tower 2  
Front Desk

### Third Shift

Unit 400  
Unit 500  
Unit 1200  
Segregation  
Yard 34

## **BID JOBS – ST. LOUIS CORRECTIONAL FACILITY (SLF)**

### First Shift

Housing Unit 1  
Housing Unit 4  
Housing Unit 5  
Housing Unit 7 – Bubble  
A-Rover  
C-Post  
Yard Rover – 29  
Yard Rover – 30  
Yard Rover – 33  
Yard Rover – 34  
Yard – 40

### Second Shift

Housing Unit 5  
Programs Officer – 35  
Gym Officer – 26  
A-Rover  
C-Post  
Information Desk – 28  
Yard Rover – 29  
Yard Rover – 34  
Yard – 38  
Yard – 39

### Third Shift

Housing Unit 6  
Housing Unit 7  
Yard – 29  
Yard – 38  
Yard – 39

## **BID JOBS – THUMB CORRECTIONAL FACILITY (TCF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Food Service	Food Service	Rover 20
Control Center	Control Center	Control Center
Bubble	Bubble	
School	School	
Gym	Gym	
Information Desk	Information Desk	
Health Care		
Sallyport		
Property Room		

## **BID JOBS – WEST SHORELINE CORRECTIONAL FACILITY (MTF)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
Yard (2)	Yard (2)	Yard (2)
Recreation Field	Recreation Field	Clay/Division Unit
School	School	
Apple Unit	Food Service	

## **BID JOBS – WOMEN’S HURON VALLEY CORRECTIONAL FACILITY (WHV)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Calhoun Acute Housing (2)	Calhoun Acute Housing (2)	Calhoun Acute	Vehicular Sallyport
RTP Emmet A	RTP Emmet A	Emmet RTP	
Kent Infirmary	Kent Infirmary	Infirmary	
Gate West	Gate West	Yard East	
Yard Control West	Yard Control West	Yard West	
Yard Control East	Yard Control East	Housing Unit 1, C Wing	
Arsenal	Arsenal	Housing Unit 1, B Wing	
Housing Unit 1, C Wing (2)	Housing Unit 1, C Wing (2)	Housing Unit 6	
Housing Unit 1, B Wing	Housing Unit 1, B Wing	Housing Unit 9	
Housing Unit 6	Housing Unit 6		
Housing Unit 9 (2)	Housing Unit 9 (2)		
Food Service	Food Service		
Field House	Field House		



## **BID JOBS – WOODLAND CORRECTIONAL FACILITY (WCC)**

<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>	<u>Day Activity Shift</u>
Yard 30	Yard 30	Yard 30	Medical officer
Front Desk	Front Desk	Rover 31	
Pod 1 Base	Pod 1 Base	Pod 3 B-wing	
Pod 2 Base	Pod 2 Base	Pod 7 B-wing	
Pod 3 Base	Pod 3 Base	Pod 8 B-wing	
Pod 7 B-Wing	Pod 7 B-Wing	Pod 9 B-wing	
Pod 8 B-Wing	Pod 8 B-Wing		
Rover 35	Rover 35		

## **APPENDIX E**

### **Article 15, Part B—DEPARTMENT OF COMMUNITY HEALTH BID ASSIGNMENTS**

Bid Jobs - Center for Forensic Psychiatry (CFP)

Transporter\*

Security Console

Property Room\*

\* The hours of work for these positions shall be determined by the Employer.

Note: These bid assignments are effective January 2014, and will remain in effect unless altered through secondary negotiations or by mutual agreement of the parties.

## APPENDIX F

### Article 30—State Health Plan PPO – Benefit Chart

**Appendix F remains in effect for eligible employees hired prior to April 1, 2010 and covered by the State Health Plan PPO.**

State Health Plan (PPO)		
	In-Network	Out-of-Network
<b>Preventive Services – Limited to \$1500 per calendar year per person</b>		
Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year, age 2 through 3 -1 visit per year, age 4 through 15	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered
<b>Preventive Services – Not Subject To Maximum Limit</b>		
Mammography Screening for standard film. Covers digital up to standard film rate.	Covered 100%	Covered-90% after deductible
	One per calendar year, no age restrictions	
Colonoscopy Exam	Covered 100%	Covered-90% after deductible
	Beginning at age 50; one every 10 years	
Childhood Immunizations	Covered 100% for children through age 16	Covered-90% after deductible
<b>Physician Office Services</b>		
Office Visits Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered - 90% after deductible, must be medically necessary
Outpatient and Home Visits	Covered - 100% after deductible	Covered - 90% after deductible, must be medically necessary
Office Consultations Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered - 90% after deductible, must be medically necessary

	In-Network	Out-of-Network
<b>Emergency Medical Care</b>		
Hospital Emergency Room-approved diagnosis, prudent person rule Effective October 1, 2008	Covered 100% for emergency medical illness or accidental injury Covered – 100%, after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury	Covered 100% for emergency medical illness or accidental injury Covered – 100%, after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible
<b>Diagnostic Services</b>		
Laboratory and Pathology Tests	Covered - 100% after deductible	Covered - 90% after deductible
Diagnostic Tests and X-rays	Covered - 100% after deductible	Covered - 90% after deductible
Radiation Therapy	Covered - 100% after deductible	Covered - 90% after deductible
<b>Maternity Services Provided by a Physician</b>		
Pre-Natal and Post-Natal Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes care provided by a Certified Nurse Midwife	
Delivery and Nursery Care	Covered - 100% after deductible	Covered - 90% after deductible
	Includes delivery provided by a Certified Nurse Midwife	
<b>Hospital Care</b>		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Blood Storage	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Inpatient Consultations	Covered – 100% after deductible	Covered – 90% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible
<b>Alternatives to Hospital Care</b>		
Skilled Nursing Care	Covered – 100% after in-network deductible	
	120 days per confinement	
Hospice Care	Covered – 100%	
	Limited to the lifetime dollar max. that is adjusted annually by the state	
Home Health Care	Covered – 100% after in-network deductible	
	Unlimited visits	
<b>Surgical Services</b>		
Surgery - includes related surgical services	Covered – 100% after deductible	Covered – 90% after deductible
Voluntary Sterilization	Covered – 100% after deductible	Covered – 90% after deductible

	In-Network	Out-of-Network
<b>Human Organ Transplants</b>		
Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible in designated facilities only	Covered – 100% after deductible in designated facilities only
	Up to \$1 million maximum per transplant type	
Bone Marrow - when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible
<b>Mental Health Care and Substance Abuse – Covered under non-BCBSM contract</b>		
Inpatient Mental Health	100% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, up to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% up to two 28-day admissions per calendar year, with 60-day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates; Limit \$3,500/year chemical dependency only
<b>Other Services</b>		
Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 90% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation Effective October 1, 2008	Covered - \$10 co-pay Covered - \$15 co-pay	Covered – 90% after deductible
	Up to 24 visits per calendar year	
Outpatient Physical, Speech and Occupational Therapy		
Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible	Covered – 90% after deductible
	Up to a combined maximum of 90 visits per calendar year	
Durable Medical Equipment	Covered –100% of approved charges	Covered 80% of approved charges
Prosthetic and Orthotic Appliances	Covered –100% of approved charges	Covered –80% of approved charges
Private Duty Nursing	Covered – 90% after in-network deductible	

	In-Network	Out-of-Network
<b>Other Services (cont.)</b>		
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract
Hearing Care Program Effective October 1, 2008	\$10 office visits; more frequent than 36 months if standards met \$15 office visits; more frequent than 36 months if standards met	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after in-network deductible (up to 20 visits annually)	
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300 (Additional wigs covered for children due to growth)	
<b>Deductible, Co-pays and Dollar Maximums</b>		
Deductible Effective January 1, 2009	\$200 per member; \$400 per family \$300 per member; \$600 per family	\$500 per member; \$1,000 per family \$600 per member, \$1200 per family
<b>Co-pays</b>		
Fixed Dollar Co-pays - Do not apply toward deductible Effective October 1, 2008	\$10 for office visits/consultations, Chiropractic \$15 for office visits/consultations, Chiropractic	
Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient, chiropractic, and private duty nursing	10% for most services; MH/SA at 50%
<b>Annual Dollar Maximums</b>		
Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum	N/A	None
Percent Co-pays - MH/SA and private duty nursing co-pays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services	

## APPENDIX F-1

**Appendix F-1 remains in effect for eligible employees hired on or after April 1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.**

### Preventive Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after \$20 office visit co-payment
Pap smear screening – laboratory services only <sup>1</sup>	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening <sup>1</sup>	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Flexible sigmoidoscopy <sup>1</sup>	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Prostate specific antigen screening <sup>1</sup>	Covered 100% one per year	Not Covered	Covered 100% after \$20 office visit co-payment
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) <sup>1</sup>	Covered 100%	Covered 80% after deductible	Check with HMO
Colonoscopy <sup>1</sup>	Covered 100%	Covered 80% after deductible	Covered 100% after \$20 office visit co-payment

<sup>1</sup> American Cancer Society guidelines apply

### Physician Office Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay, deductible not applicable	Covered 80% after deductible	\$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 co-pay

### Emergency Medical Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	\$200 co-pay if not admitted		\$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

### Diagnostic Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

## Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 90% after deductible	Covered 80% after deductible	Office Visit \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

## Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

## Alternatives to Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO



## Surgical Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Surgery—including related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO

## Human Organ Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

## Organ and Tissue Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% subject to medical criteria

## Other Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay. Injections: Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO

## Other Services continued...

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay. Injections: Covered 100%
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment - <i>Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
Prosthetic and orthotic appliances <i>-Support Program</i>	Covered 100%	Covered 80% of approved amount	Covered
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	\$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

## Mental Health/Substance Abuse

	New State Health Plan PPO "NSHP – PPO" Benefits		New HMO Plan "NHMO" Benefits
	In-network	Out-of-network	
Mental Health Benefits - <b>Inpatient</b>	Covered 100% up to 365 days per year <sup>2</sup>	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - <b>Outpatient</b>	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - <b>Inpatient</b>	Covered 100% <sup>3</sup> Halfway House 100%	Covered 50% <sup>4</sup> Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits - <b>Outpatient</b>	\$3,500 per calendar year 90% of network rates 10% co-pay <sup>4</sup>	\$3,500 per calendar year 50% of network rates	Check with your HMO

<sup>2</sup> Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

<sup>3</sup> Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

<sup>4</sup> \$3,500 per calendar year limitation pertains to services for chemical dependency only.

## Prescription Drugs

*Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.*

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail \$10	Retail \$30	Retail \$60
Mail Order \$20	Mail Order \$60	Mail Order \$120

## Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Office visit: \$20 co-pay
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Office visit: \$20 co-pay

## Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums <sup>5</sup>	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

<sup>5</sup> The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

### Premium Sharing

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15% <sup>6</sup>	85% <sup>6</sup>

<sup>6</sup> The State will pay up to 85% of the applicable NHMO total premium, capped at the dollar amount which the State pays for the same coverage code under the NSHP-PPO.

## APPENDIX F-2

**Effective October 12, 2014 this Appendix applies to all eligible employees regardless of the date of hire and replaces Appendix F and Appendix F-1.**

Preventive Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100%
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100%
Pap smear screening – laboratory services only <sup>1</sup>	Covered 100% 1 per year	Not Covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening <sup>1</sup>	Covered 100%	Not Covered	Covered 100%
Flexible sigmoidoscopy <sup>1</sup>	Covered 100%	Not Covered	Covered 100%
Prostate specific antigen screening <sup>1</sup>	Covered 100% one per year	Not Covered	Covered 100%

Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) <sup>1</sup>	Covered 100%	Covered 80% after deductible	Covered 100%
Colonoscopy <sup>1</sup>	Covered 100%	Covered 80% after deductible	Covered 100%

<sup>1</sup> American Cancer Society guidelines apply

Physician Office Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay	Covered 80% after deductible	Covered, \$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

Emergency Medical Care	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	Covered, \$200 co-pay if not admitted		Covered, \$200 co-pay if not admitted
Ambulance services – medically necessary	Covered, 90% after deductible		Covered, 100% after deductible

Diagnostic Services	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

Maternity Services Includes care by a certified nurse midwife (State Health Plan PPO only)	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Prenatal care	Covered 100%	Covered 80% after deductible	Covered 100%
Postnatal care	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

<b>Hospital Care</b>	<b>State Health Plan PPO “SHP – PPO” Benefits</b>		<b>HMO Plan “HMO” Benefits</b>
	<b>In-network</b>	<b>Out-of-network</b>	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% after deductible Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible

<b>Alternatives to Hospital Care</b>	<b>State Health Plan PPO “SHP – PPO” Benefits</b>		<b>HMO Plan “HMO” Benefits</b>
	<b>In-network</b>	<b>Out-of-network</b>	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100% after deductible
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100% after deductible
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

<b>Surgical Services</b>	<b>State Health Plan PPO “SHP – PPO” Benefits</b>		<b>HMO Plan “HMO” Benefits</b>
	<b>In-network</b>	<b>Out-of-network</b>	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Male Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible
Female Voluntary sterilization	Covered 100%	Covered 80% after deductible	Covered 100%

<b>Human Organ and Tissue Transplants</b>	<b>State Health Plan PPO “SHP – PPO” Benefits</b>		<b>HMO Plan “HMO” Benefits</b>
	<b>In-network</b>	<b>Out-of-network</b>	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% after deductible in designated facilities
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% after deductible in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% after deductible subject to medical criteria

## Other Services

	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Allergy testing and therapy (non-injection)	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible.
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay. Injections: Covered 100%
Autism-Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	Covered 90% after deductible	Covered 80% after deductible	Covered, 100% after deductible
Chiropractic/spinal manipulation	Covered, \$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% of approved amount	Covered, check with your HMO
Prosthetic and orthotic appliances	Covered 100%	Covered 80% of approved amount	Covered, check with your HMO
Private duty nursing	Covered 80% after deductible		Check with your HMO
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	Covered, \$20 co-pay	Covered 80% after deductible	Check with your HMO



Mental Health/Substance Abuse	State Health Plan PPO “SHP – PPO” Benefits		HMO Plan “HMO” Benefits
	In-network	Out-of-network	
Mental Health Benefits - <b>Inpatient</b>	Covered 100% up to 365 days per year <sup>2</sup>	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible.
Mental Health Benefits – <b>Outpatient</b>	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits – <b>Inpatient</b>	Covered 100% <sup>3</sup> Halfway House 100%	Covered 50% <sup>4</sup> Halfway House 50%	Check with your HMO; Inpatient services subject to deductible.
Alcohol & Chemical Dependency Benefits - <b>Outpatient</b>	\$3,500 per calendar year 90% of network rates 10% co-pay <sup>4</sup>	\$3,500 per calendar year 50% of network rates	Check with your HMO

<sup>2</sup> Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

<sup>3</sup> Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

<sup>4</sup> \$3,500 per calendar year limitation pertains to services for chemical dependency only.

### Prescription Drugs

Prescription medications for the State Health Plan PPO are carved out and administered by a Pharmacy Benefit Manager (PBM).

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit the Civil Service Commission Employee Benefits Division website at <http://www.michigan.gov/employeebenefits> and select Benefit Plan Administrators.

The chart below shows the SHP and HMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail \$10 Mail Order \$20	Retail \$30 Mail Order \$60	Retail \$60 Mail Order \$120

**Outpatient Physical, Speech, and Occupational Therapy**

Combined maximum of 90 visits per calendar year.

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Covered, \$20 co-pay
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Covered, \$20 co-pay

**Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums**

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits
	In-network	Out-of-network	
Deductible <sup>5</sup>	\$400 per member \$800 per family	\$800 per member \$1,600 per family	\$125 per member \$250 per family
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums <sup>6</sup>	\$2,000 per member and \$4,000 per family	\$3,000 per member \$6,000 per family	\$2,000 per member and \$4,000 per family

<sup>5</sup> Deductible amounts for the SHP – PPO are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2014 and renew annually each October with the start of the new plan year.

<sup>6</sup> Beginning October 12, 2014, in-network deductibles, in-network fixed dollar co-payments and in-network co-insurance all apply toward the out-of-pocket annual limit. In addition, in HMOs, prescription drug co-payments also apply toward the annual out-of-pocket limit. Beginning with the October 2015 plan year, prescription drug co-payments in the SHP PPO also apply to the annual out-of-pocket limit.

**Premium Sharing**

	State Health Plan PPO "SHP – PPO" Benefits		HMO Plan "HMO" Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15%	85% <sup>7</sup>

<sup>7</sup> The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.

## **APPENDIX G**

### **Article 30**

The following Rules for Network Use will be used by the parties in determining in and out-of-network benefits. In addition, the parties agree to set up a joint committee for the purpose of creating any additional guidelines and reviewing implementation. The committee will also be charged with identifying situations in which access to non-participating providers may be necessary and developing procedures to avoid balance billing in these situations.

The parties have also discussed the fact that there are some state employees who do not live in Michigan. The following are procedures in place for persons living or traveling outside Michigan:

Members who need medical care when away from Michigan can take advantage of the third party administrator's national PPO program. There is a toll-free number for members to call in order to be directed to the nearest PPO provider. The member is not required to pay the physician or hospital at the time of service if he/she presents the PPO identification card to the network provider.

If a member is traveling he/she must seek services from a PPO provider. Failure to seek such services from a PPO provider will result in a member being treated as out-of-network unless the member was seeking services as the result of an emergency.

If a member resides out of state and seeks non-emergency services from a non-PPO provider, he/she will be treated as out-of-network. If there is not adequate access to a PPO provider, exceptions will be handled on a per case basis.

## **RULES FOR NETWORK USE**

**Effective October 12, 2014 see Appendix F-2 for Member Costs.**

A member is considered to have access to the network based on the type of services required, if there are:

- Primary care -- two primary care physicians (PCP) within 15 miles;
- Specialty care -- two specialty care physicians (SCP) within 20 miles; and
- Hospital -- one hospital within 25 miles.

The distance between the member and provider is the center-point of one zip code to the center-point of the other.

**SHP PPO Member costs associated within In-network or Out-of-Network use (for eligible employees hired prior to April 1, 2010 and covered by the SHP PPO)**

	<b>In-Network</b>	<b>Out-Of-Network</b>
Deductible	\$200/Individual \$400/Family	\$500/Individual \$1,000/Family
Effective 1-1-09	\$300/Individual \$600/Family	\$600/Individual \$1,200/Family
Co-Payments Effective 10-1-08	Office Visits \$10 Office Visits \$15 Services 0% Or 10% Emergency 0%;	Most Services 10%  (See 2. Below)
Effective 10-1-08	Emergency room visit \$50 co-pay if not admitted	Emergency room visit \$50 co-pay if not admitted
Preventive services	covered at 100%  limited to \$1500 per calendar year per Person	not covered

Out-of-pocket maximum	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family
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**NSHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired on or after April 1, 2010 and covered by the NSHP PPO).**

	In-Network	Out-of-Network
Deductible	\$400/individual \$800/family	\$800/individual \$1,600/family
Copayments	Office Visits \$20 Services 0% or 10% Emergency \$200 co-pay if not admitted	Most services 20%
Preventive Services	Covered at 100%	Not covered
Out-of-Pocket Maximum	\$1,500/individual \$3,000/family	\$3,000/individual \$6,000/family

1. If a member has access to the network, the member receives benefits at the in-network level when a network provider is used. The member is responsible for the in-network deductible (if any) and co-payment (if any). If a network provider refers the member to an out-of-network SCP the member continues to pay in-network expenses.
2. If a member has access to the network, the member receives benefits at the out-of-network level when a non-network provider is used. The member is responsible for the out-of-network deductible (if any), and co-payment (if any).
  - If the non-network provider is a Blues' participating provider, the provider will accept the Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member will not, however, be balance billed.

- If the non-network provider is not a Blues' participating provider, the provider does not accept Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member may also be balance billed by the provider for all amounts in excess of the Blues' approved payment amount.

When a member has access to the network and chooses to use an out-of-network provider, amounts paid toward the out-of-network deductible, co-payment or out-of-pocket maximum cannot be used to satisfy the in-network deductible, co-payments or out-of-pocket maximum.

3. If a member does not have access to the network as provided above, the member will be treated as in-network for all benefits. The member will be responsible for the in-network deductible (if any) and co-payment (if any).
4. If a member does not have access to the network but then additional providers join the network so that the member would now be considered in-network, the member will be notified and given a reasonable amount of time in which to seek care from an in-network provider. Care received from a non-network provider after that grace period will be considered out-of-network and the out-of-network deductibles, co-payments and out-of-pocket maximums will apply. If a member is undergoing a course of treatment at the time he becomes in-network, the in-network rules will continue for that course of treatment only pursuant to the PPO standard transition policy. Once the course of treatment has been finished, the member must use an in-network provider or be governed by the out-of-network rules.

If a member is under a course of treatment on January 1, 2003 when the new State Health Plan is implemented, the member will be treated as in-network until the course of treatment is concluded pursuant to the PPO standard transition policy. After that, the level of benefits will be governed by the in/out-of-network rules of the new State Health Plan.